

TWIN BEACH COUNTRY CLUB

APPLICATION FOR EMPLOYMENT

(Please Print)



Twin Beach Country Club ("TBCC") is an equal employment opportunity employer. Applicants receive consideration for employment without discrimination based upon race, color, religion, sex, pregnancy, national origin, age, disability, marital status, height, weight or any other status protected by applicable federal, state or local law.

PERSONAL	PRINT NAME (Last)	(First)	(Middle)	Date
	PRESENT ADDRESS	(City)	(State)	(Zip)
	PREVIOUS ADDRESS	(City)	(State)	(Zip)
	EMAIL ADDRESS	Telephone () ()		
	Social Security No.			
<p>Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a criminal offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate: date, place, nature of charge and disposition. <i>(A conviction will not necessarily disqualify applicant from employment)</i></p> <p>Are you legally authorized to accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If hired, are you willing to submit to and pass a controlled substance test, as well as a random test during employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
JOB INTEREST	Position you are applying for:		Full Time Salary desired:	
	Can you perform the essential job functions of the position for which you are applying with or without reasonable accommodation?		Part Time \$ _____ per _____	
	Can you work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Overtime		Date available for work:	
	What days & hours are you available for work:		/	
	Please list names/relationships of relatives, friends, or acquaintances currently employed by TBCC.		/	
	Were you ever employed by TBCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Have you applied for work at TBCC during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		

EDUCATION & TRAINING	CIRCLE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY		HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
			9 10 11 12				1 2 3 4				1 2 3 4			
		Name	Location (City/State)				Major Course		GPA		Degree			
	High School													
	College													
	Graduate School													
	Apprentice, Business or Vocational School													
Personal skills and office equipment experience: Typing ___ wpm <input type="checkbox"/> Calculator <input type="checkbox"/> Personal Computer <input type="checkbox"/> Other _____														
Additional training or skills, including special courses, etc.														
MILITARY SERVICE	From: _____ To: _____ Branch of Service : _____													
	Job Specialty: _____													
Highest rank held: _____ Rank at Discharge: _____ Reserve Status: ___Active ___Inactive														
EMPLOYMENT HISTORY	ARE YOU CURRENTLY EMPLOYED? [] YES [] NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? [] YES [] NO													
	MOST RECENT EMPLOYER				ADDRESS				TELEPHONE NUMBER ()					
	DATE STARTED						STARTING SALARY		STARTING POSITION					
	DATE LEFT						ENDING SALARY		ENDING POSITION					
	NAME OF SUPERVISOR AND TITLE													
	DESCRIBE DUTIES						REASON FOR LEAVING							
	PREVIOUS EMPLOYER				ADDRESS				TELEPHONE NUMBER ()					
	DATE STARTED						STARTING SALARY		STARTING POSITION					
	DATE LEFT						ENDING SALARY		ENDING POSITION					
	NAME OF SUPERVISOR AND TITLE													
	DESCRIBE DUTIES						REASON FOR LEAVING							

PREVIOUS EMPLOYER		ADDRESS		TELEPHONE NUMBER ()
DATE STARTED	STARTING SALARY		STARTING POSITION	
DATE LEFT	ENDING SALARY		ENDING POSITION	
NAME OF SUPERVISOR AND TITLE				
DESCRIBE DUTIES			REASON FOR LEAVING	
PREVIOUS EMPLOYER		ADDRESS		TELEPHONE NUMBER ()
DATE STARTED	STARTING SALARY		STARTING POSITION	
DATE LEFT	ENDING SALARY		ENDING POSITION	
NAME OF SUPERVISOR AND TITLE				
DESCRIBE DUTIES			REASON FOR LEAVING	

Have you ever been suspended, discharged or asked to resign from a prior employer? Yes No

If yes, please explain: _____

REFERENCES	PLEASE LIST FORMER SUPERVISORS AND OTHER REFERENCES, <u>NOT</u> RELATIVES, WHO HAVE KNOWLEDGE OF YOUR TRAINING AND EXPERIENCE.				
	Name	Street Address	City	State/Zip	Phone
	Name	Street Address	City	State/Zip	Phone
	Name	Street Address	City	State/Zip	Phone

CAREFULLY READ THE PARAGRAPHS BELOW BEFORE SIGNING

I certify that the answers and information given by me in this Application for Employment, in my resume, and in any other materials that I have submitted are true and complete. In the event of employment, I understand that if Twin Beach Country Club ("TBCC") at any time determines that any requested information was withheld or omitted by me or any of the answers or information provided by me are false, inaccurate or misleading, I will be subject to immediate dismissal once the facts become known.

I authorize TBCC to contact all my former and current employers (unless otherwise indicated by me in my Employment History on this Application), educational institutions, military entities and the other references I have provided, regarding me and my performance record, work, academic or military experience. I release TBCC or any individual or company from any and all liability including liability for libel and slander, for releasing or using information concerning me and my performance record, and work, academic or military experience.

I certify that no promises of employment have been made to me and I understand that no such promise is binding upon TBCC. I acknowledge that any employment relationship with TBCC is "at will," which means that I may resign at any time and TBCC may discharge me at any time with or without cause and with or without notice. I also understand and agree that this "at will" employment relationship may not be modified or altered and that no employee or representative of TBCC, other than an authorized representative of the Board of Directors, has authority to enter into any agreement for employment for any period of time or make any agreement contrary to the foregoing. To be effective, any such agreement must be in writing, signed by me and the authorized representative of the Board of Directors.

I understand that, in the State of Michigan, disabled applicants and employees should notify TBCC, in writing, of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed. I also understand that failure to properly notify TBCC will preclude any claim that TBCC failed to accommodate the disability.

I agree that any claim, lawsuit or other legal proceeding against TBCC or its employees, agents or representatives arising out of my application for employment, employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one hundred eighty (180) days of the event giving rise to the claim, lawsuit, or other legal proceeding or be forever barred. I waive any longer statute of limitations. If the applicable statute of limitations is less than 180 days, I agree that the shorter limitation period applies.

I acknowledge I have been informed that if I receive an offer of employment, it may be conditioned on my passing substance abuse screening. (Failure to submit to or positive results obtained from a substance abuse test will result in ineligibility for employment.)

Please read the all of the above carefully before signing. Your signature indicates that you expressly agree with all of the above.

Signature of Applicant

Date

Print Name

WE APPRECIATE YOUR INTEREST IN TBCC AND THE TIME YOU HAVE TAKEN TO COMPLETE THIS APPLICATION